



# Kansas Ryan White Title II CARE Program Change of Status

Kansas Department of Health and Environment, Ryan White Title II C.A.R.E. Program

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## CLIENT INFORMATION

Current Name On File:

Participant Card Number:

## STATUS CHANGE

### Current Information

### Changed To:

☐

Name:

☐

Address: (Street, City, State, Zip)

☐

Phone:

☐

Institutionalized:

Documentation must be submitted

☐

Case Manager:

☐

Income:

Documentation must be submitted

☐

Family Size:

☐

Medicaid Status:

Documentation must be submitted

☐

Healthwave Status:

Documentation must be submitted

☐

Medicare Status:

Documentation must be submitted

☐

VA Benefits:

Documentation must be submitted

☐

Indian Health Services:

☐

Other Medical Insurance:

Documentation must be submitted

☐

Disability Status:

Documentation must be submitted

☐

Employment Status:

☐

Other (i.e. language barrier):

☐

Gender:

☐

Client deceased on:

Case Manager Submitting Changes:

Date:

This form **MUST BE** submitted to the Ryan White Title II CARE Program Central Office within three (3) working days of case manager's knowledge of the change/s.